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ABSTRACT

The present investigation studied early intervention service provision for young children. A total of 377 early intervention programs in Ohio provided data on the number of young handicapped and "at risk" children served, the types of services provided for children and their parents, and financial support. Although a large number of children were served, the proportion of young children receiving early intervention services was less than expected from estimates of the prevalence of handicapping and risk conditions in the population. Younger children (0-2 years) and those from rural areas were particularly underserved. While a wide range of services were provided for children and their parents, there was considerable variability in the proportion of programs providing these services. Public sources of funding provided the bulk of support for early intervention services, while private sources provided supplementary, but decreasing, support for services. (Author/RH)

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# An Empirically-Based Assessment of Early Intervention Service Provision and Utilization

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BEST COPY AVAILABLE

Abstract

The present investigation studied early intervention service provision for young children. Three hundred seventy-seven (377) early intervention programs in Ohio were interviewed with respect to the number of young handicapped and "at risk" children served, the types of services provided for children and their parents, and budget information. Although a large number of children were served, the proportion of young children receiving early intervention services is less than would be expected from estimates of the prevalence of these conditions in this population. Younger children (0-2 years) and those from rural areas were particularly underserved. While a wide range of services were provided for children and their parents, there was considerable variability in the proportion of programs prividng these services. Public sources of funding provide the bulk of support for early intervention services, while private sources provide supplementary, but decreasing, support for services.

Estimates of the number of young children who either have or are "at risk" for later developing handicapping conditions vary considerably according to the criteria used in making such determinations. According to the federally recognized definition (P.L. 94-142), 12% of school-aged children are handicapped. Garland, Stone, Swanson, and Woodruff (1981) suggest that 7.5% of preschool children have handicapping conditions and estimate that 17% of preschool children are either handicapped or at risk for later developing such conditions. Thus, according to this estimate, approximately one in six children under the age of five years could benefit from early intervention services. However, accurate estimates of the number of newborn and preschool children needing such services are extremely difficult to obtain due to the problems inherent in identifying variously defined functionally limiting conditions in young children. In fact, of all the segments of handicapped populations, the newborn and preschool population poses the most difficult problem in terms of identification, service need projections, and fiscal resource allocations (Janicki, Castellini & Norris, 1983).

Research has suggested that early intervention with young handicapped children has a positive impact on child

development. Data from 32 infant and toddler intervention programs in the Handicapped Children's Early Education Program (HCEEP) showed that these projects were effective in improving children's development, particularly in personal-social behavior (Stock, Newborg, Wnek, Schenck, Gabel, Springion, and Ray, 1976). The improvement of these handicapped children revealed that young children receiving services, as compared to their unserved counterparts, had superior scores on standardized tests (Rynders and Horrobin, 1979), had developmental gains exceeding that expected due to maturation alone with no intervention (Battelle Report, 1976), and were more likely to be placed in advanced educational settings (Battelle Report, 1976).

There is also a growing body of accumulated evidence which indicates that early intervention with at risk young children reduces their chances of later developmental difficulties. As compared with control group children, young children (aged 3 to 5 years) served in Head Start had significant initial IQ gains (Bronfenbrenner, 1975; Lazar and Darlington, 1978; Dalta, 1979). Maintainance of these gains is somewhat controversial; while Heber, Dever, and Conry (1968) and Bronfenbrenner (1975) reported that quite often these IQ gains "washed out" over

time, Lazar and Darlington (1978) and Palmer and Anderson (1979) showed that 10 year old children who had participated in Head Start were less likely to be placed in special education classes or retained in grade. Hocutt (1981) concluded, in her review of the literature, that greater gains are realized when intervention begins as early as possible in the children's lives.

Unfortunately, a number of specialists in the area have identified major gaps in service to young children. Bartel and Ogle (1981), in their review of federal early intervention programs, conclude that young children needing such services are less frequently served than are their older counterparts, possibly due to the lack of commitment in federal legislation to coordinated services for young children (Hocutt, 1981).

The purpose of this study was to determine the extent to which needy children are receiving services likely to be helpful for them in reaching their full developmental potential. A number of projects have been undertaken to survey the mentally retarded and/or developmentally disabled population in specific states, such as in California (DDS, 1978), Minnesota (Bock & Roberts, 1979), and New York (Jenicki & Jackson, 1982). However, none of the need assessment surveys

have specifically targeted newborn or preschool children. This investigation identified the number of early intervention programs, the number of young handicapped and at risk children served, the types of services provided for these children, service options for their parents, and sources of financial support for such programs. Because most public service programs are administered at the state level, one large midwestern state, Ohio, was chosen. Because Ohio has a large population of young children, has affiliates of virtually all of the federally sponsored early intervention programs, and has a range of urban and rural populations, it is assumed that data from Ohio have relevance for the country as a whole.

## Methodology

All early intervention programs in Ohio were contacted which were currently and directly serving children birth through four years of age who either had or were "at risk" for developing handicapping conditions. According to the federal P.L. 95-602 definition, handicapped children included those who had functional limitations in one or more of the following: 1) self care; 2) receptive and expressive language, 3) learning; and 4) mobility. Those "at risk" for later developing such conditions included those whose biological or environmental

circumstances (including poverty status) increased the likelihood that later problems would develop.

Programs were contacted either by conducting face-to-face interviews, phone interviews, or mailed surveys. Information collected from each program focused on the number of children served, services available to children and parents, and budget information.

Program Identification

Programs were identified in several ways. First, this study was facilitated by previous work conducted by an Ohio statewide organization, United Services for Effective Parenting (USEP), which mailed surveys in 1979 to 305 intervention programs serving young children. Only 200 of these programs were eligible for inclusion in the present study, because the remaining programs did not service children directly (e.g., hotlines), served only parents (e.g., prenatal classes), did not serve at risk or handicapped children (e.g., daycare centers), or no longer existed.

Second, the present investigation recruited 15 "field consultants" located throughtout the state. These professionals, who had a variety of field related experience and were familiar with many of the early intervention programs

in their locales, conducted the face-to-face interviews for many of the programs located in their geographic areas. The consultants also assisted in identifying programs and were paid a nominal fee for each appropriate program that was previously unknown to project staff. Approximately 100 programs were identified by the consultants.

Finally, a number of directories in each geographic area were also consulted to ensure that every intervention program in the state was identified. Directories listing Head Start programs, County Boards of Mental Retardation and Developmental Disabilities Early Childhood programs, County Children Service Broards, and a number of program listings across the state from the Special Education Regional Resource Center (SERRC) identified approximately 150 programs. In total, 377 programs were identified and surveyed over a six month period.

Through this comprehensive program identification procedure, it is estimated that virtually all publicly funded early intervention programs were identifed and that approximately 85% to 90% of these were eventually interviewed. It is more difficult to estimate the percentage of private programs identified, but the rate is substantially lower (approximately 50%) than the corresponding one for public

programs. Of those private agencies identified, it is estimated that 70% to 80% were eventually surveyed. Since the vast majority of educational early intervention programs are publicly suported, almost all of these agencies were sampled and thus, conclusions relating to educational services can be made with a high degree of confidence.

Data Collection

Data were collected in three stages. First, face-to-face interviews were conducted by the field consultants who were responsible for several counties adjacent to their one of residence. Consequently, programs in each of the 88 Ohio counties had face-to-face interviews. In order to increase compliance and facilitate the interview process, identified service providers received a copy of a letter from the Governor of Ohio asking for their cooperation. Also, because of the complexity of some of the questions, the interviews were facilitated by mailing several of the questions to respondents before scheduled appointments. During the second stage of data collection, due to the fact that many of the counsultants could not make long term commitments to the project, phone interviews were scheduled with some providers. Five additional consultants already familiar with the project were trained to

conduct phone interviews.

Towards the end of the project, it became evident there were numerous low priority programs (those serving some, but not primarily, handicapped or at risk children) which could not be phone interviewed because of time constraints. In addition, there was a significant number of programs for which eligibility for inclusion in the study was uncertain. Consequently, a mailed questionnaire was developed and sent to approximately 275 programs across the state. Of these, 60 returned the form stating they did not serve the target population and 35 (10% of the total sample) completed surveys.

In summary, 50% of the sample (191 programs) were interviewed face-to-face, 40% (151 programs) by phone, and 10% (35 programs) by mail.

## Results

### Number and Type of Early Intervention Programs

Three hundred seventy-seven (377) early intervention programs meeting the criteria were surveyed. As shown in Table 1, a wide range of programs serve young handicapped and "at risk" children in Ohio. A majority of those surveyed provided educational services. With respect to geographical areas, 43%, 20%, and 37% of the programs were located in urban, semi-urban,

and rural areas, respectively.

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Insert Table 1 about here

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Number of Young Children Served

Table 2 shows that 85,519 children aged 0 through 4 years were served in surveyed Ohio early intervention programs in the 1982-1983 fiscal year. This constitutes 10.9% of the total number (788,000) of young children in Ohio (U.S. Bureau of the Census, 1985). As illustrated in the table, urban areas serve proportionally the most young children, followed by semi-urban, and rural regions.

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Insert Table 2 about here

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With respect to handicapped preschool children, Table 3 reveals that surveyed early intervention programs served over 20,000 young handicapped children in the 1982-1983 fiscal year. Two trends emerged from the data. First, across all regions, younger children (ages 0, 1, and 2 years) are served in proportionally fewer numbers than are their older (3 and 4 years) counterparts. Second, across both age groupings, proportionally fewer young children are served as the area becomes less urbanized and more rural.

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Insert Table 3 about here

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Table 4 provides similar data for young children considered to be "at risk" for the later development of handicapping conditions. As shown, over 38,000 "at risk" preschool children were served by survey participants in the 1982-1983 fiscal year. Once again, the data reveal that children who are 0 through 2 years of age are served in proportionally fewer numbers than are their 3 and 4 year old counterparts. There is some suggestion of the aforementioned regional trend for urban areas to serve proportionally the most young children, but rural areas serve relatively more 3 and 4 year old "at risk" children than any other region.

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Insert Table 4 about here

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Type of Services Provided for Young Children

While all surveyed programs provided services to young children, some services were more commonly provided than others. As shown in Table 5, classes for children and comprehensive assessment were provided by the highest percentage of programs, although this latter finding should be interpreted with caution as it is suspected that respondents

defined "comprehensive assessment" more broadly than intended.

An emphasis on speech and hearing services was evident as 67% of surveyed programs provided hearing screenings and 63% provided speech therapy. Particularly rare services for preschool children were physical and occupational therapy. Home health care was provided by only 17% of programs surveyed.

With respect to "ancillary services", a majority of programs provided "child find" (defined as a coordinated mechanism for identifying potential new clients) and transportation to their facility. Approximately one-half provided meals for children and conducted "advocacy" (activities related to urging the case for improved services for young children). Only one-third provided child care for children.

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Insert Table 5 about here

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Chi square analyses revealed that urban programs were less likely ($p < .05$) to provide a number of services for children when compared to those in semi-urban and rural regions. Programs in urban areas were less likely to provide speech therapy, hearing screenings, child find, transportation, advocacy, and meals.

Types of Services Provided for Parents

Virtually all programs provide some services to parents. As shown in Table 6, the most frequently provided services were the inclusion of parental input into the treatment plan for their children (97% of the programs surveyed) and the provision of counseling/consultation to help parents meet their child rearing needs (95%). A majority provided classes (60%), home visits (68%), medical advice about their child (62%), and support groups for parent (64%). Only 12% provided respite care for parents having children in their programs.

With repect to regional differences, a chi-square test revealed that programs in urban areas (54% of the programs) were significantly less ($p < .05$) likely to provide home visits than were those in either semi-urban (77%) and rural areas (79%). No other differences reached statistical significance.

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Insert Table 6 about here

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Sources of Financial Support for Early Intervention Programs

Table 7 reveals that early intervention services are supported by a wide range of funding sources, particularly public ones. Those providing the most funds are federal (including Head Start, the Developmental Disabilities programs,

Title XX, and P.L. 94-142 Special Education) and county (including Early Childhood programs of the County Boards of Mental Retardation and Developmental Disabilities and County Children's Services) sources. Relatively less monies originate at the state or city levels. Small amounts of support are generated from private sources (approximately 5% - 10%).

The table also shows expected changes in projected funding levels from 1982 to 1983. Program administrators expected a small increase (7% before inflation) in the total amount of dollars provided for early intervention services in Ohio. County funds were expected to increase substantially (12%), federal and state sources were expected to remain approximately the same, city and local funds were expected to decrease substantially (13%), and many private sources of funds, particularly foundations and associations, were expected to decrease.

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Insert Table 7 about here

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A substantial number of programs reported actual or expected budgetary reductions. Thirty-six percent (36%) experienced actual budget cuts from 1981 to 1982, while 28% anticipated budget cuts in 1983 (28% were not sure if their

budgets would be cut). Those reporting already-experienced budget reductions had an average of 20% cut from their budgets, while those expecting budget reductions anticipated an average 23% reduction. These percentages are likely to be underestimates, for programs reponded positively only if they had experienced or expected an actual reduction in dollars. A significant number of programs reported that their budget had actually been reduced in real terms because of inflation, but they still responded negatively to this question.

## Discussion

Data collected from 377 early intervention programs serving handicapped and "at risk" young children found that a wide range of programs serve these populations. Approximately 11% of children aged 0 through 4 years in Ohio were served in some manner in the 1982 - 1983 fiscal year. It is difficult to know how this 11% relates to the precise number of young children being served by early intervention programs. On the one hand, the fact that not all programs were sampled suggests that 11% by participating programs may be an underestimate. On the other hand, children being counted more than once because they are served by multiple programs suggests that the figure may be an overestimate. As needs assessments in this area are just

beginning, it is virtually impossible to quantify the magnitude of these effects. Throughout the remaining portion of the discussion, the 11% figure will be used as the best available estimate with the realization that one must exercise caution in doing so.

In comparison to Garland et al.'s (1981) estimate that 17% of preschool children could benefit from early intervention services, the 11% figure derived from this study suggests that substantial numbers of needy children are unserved. There are several possible explanations for this potential gap in service. First, the difficulties inherent in identifying handicapping conditions among young children likely result in a lack of awareness that some children need special assistance. If this is indeed the case, educational efforts directed towards parents and professionals in identifying early signs of handicapping conditions are warranted (Fine & Swift, in press). Second, this failure to identify and serve some needy children may be due to the lesser commitment of the federal government to young children when compared with older counterparts (Bartel & Ogle, 1981). Without the appropriate funding base, fewer programs are likely to exist and those which are have less resources available to adequately publicize their services.

Within this major finding that young children are underserved, two trends emerge. First, younger preschool children (ages 0, 1, and 2 years) are served in proportionally fewer numbers than are their older (3 and 4 years) counterparts. Second, across age groupings, relatively fewer young children are served in rural areas than in either semi-urban or urban regions. These findings are consistent with previously collected information from statewide administrators and service providers (Swift, Fine, and Beck, in press) which suggested that infants and those living furthest from urban areas are particularly underserved with respect to early intervention services in Ohio. An exception to this conclusion is that rural areas serve proportionally more "at risk" older preschool children. This is due to the impact of Head Start, which begins serving children at the age of 3 years and is often one of the few early intervention programs in rural areas.

A wide range of services are provided for young children and their parents who do receive assistance from these programs. For children, an emphasis on center-based services is reflected in the emphasis on classes, as opposed to more expensive home-based services, as the treatment of choice after

comprehensive assessments are completed. For parents, their primary contact with intervention programs is through the provision of input into their children's treatment plan, as required by state law in most programs. Parents also were offered counseling/consultation around the care of their children by virtually all surveyed programs. Other services for parents were provided by relatively fewer programs, leaving open the issue of the comprehensiveness of treatment for family members.

Public sources of funds, particularly at the federal and county level, provide approximately 80% of the support for early intervention services. Private founding sources are not major resources for these programs, as they are primarily utilized as supplemental to the primary sources. With respect to future trends, public funds from the county level were expected to increase, while private monies were expected to decrease. This is consistent with findings from Swift, et. al. (in press) that the private sector is not expected to fill in fundings gaps resulting from reduced federal funds. However, it does suggest an expectation among administration of these programs, that local communities may be increasingly willing to support services for young children.

National Implications

While data were gathered in Ohio, there are several reasons why they have relevance for the nation as a whole. First, as most programs are administered at the state level in some capacity, a statewide area is the most appropriate unit of analysis. Second, because Ohio is a large, industrialized, populous state, it has affiliates of almost all of the major federal early intervention programs, including Head Start, Special Education (P.L. 94-142), Developmental Disabilities (P.L. 95-602), and nationally available private programs (Easter Seals, United Cerebral Palsy, etc.). Third, Ohio has a heterogeneous population, with a wide range of socioeconomic, racial, and geographical areas.

Extrapolating the 11% figure to the 17,816,000 young children in the United States (United Staes Bureau of the Census, 1985), 1,959,760 children would be served by early intervention services across the country as a whole, as compared with the 3,028,720 (17%) estimated to be able to benefit from such services. Given the caveats stated earlier, the magnitude of the national gap in service is on the order of one million children.

While considerable effort was made to contact virtually all early intervention programs in Ohio caution needs to be exercised in interpreting these data. First, results from this study are more applicable to educational than to residential, medical, or protective services, because programs providing the former were almost all sampled and those providing the later were not. Second, it should be recognized that generalizations regarding differences among types of programs and geographical areas (urban, semi-urban, and rural) need to be made with caution. These comparisons do not control for a number of factors which differ across program type and geographical areas, including staffing, funding, and accessibility. Third, while all respondents were given definitions of handicapping conditions, risk status, and service options, some may have used their own personal definitions. To the extent that definitions varied across participants, the findings must be considered even more tentative because of these limitations, and those stated earlier, this study should be considered as a preliminary step in the important process of assessing the needs of young children. It is hoped that the techniques used in the present study serve to encourage others to develop new and more accurate assessment methodologies.

## Footnotes

1. This study was funded by the Ohio Department of Mental Retardation and Developmental Disabilities, authorized under P.L. 95-602 and conducted under the auspices of "Exploring and Expanding Early Intervention Services" at Southwest Community Health Centers, Inc., Columbus, Ohio.

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Table 1

Number of Programs Surveyed by Program Type

| Program Type | Number of Programs Surveyed | Percentage |
|---|---|---|
| Educational, TOTAL | 204 | 54 |
| County Boards MR/DD | 77 | |
| Head Start | 55 | |
| Public School | 60 | |
| Other | 12 | |
| Heath, TOTAL | 84 | 22 |
| Hospitals | 34 | |
| County Health Departments | 11 | |
| Health Centers | 3 | |
| Mental Health Centers | 13 | |
| Other | 23 | |
| Protective and Residential, TOTAL | 31 | 8 |
| Children's Services Board | 16 | |
| Daycare Centers | 9 | |
| Residential Facilities | 6 | |
| Other, TOTAL | 58 | 15 |
| Private Agencies | 7 | |
| United Cerebral Palsy | 8 | |
| Easter Seals | 7 | |
| Other | 6 | |
| TOTAL | 377 | |

Table 2

Total Number of Children Aged 0 through 4 Years in Ohio,
Total Number Served, and Percentage Served by Geographical Region

| Geographical Region | Number of Counties | Number of Programs | Number of Childen Aged 0 through 4 Years in Ohio | Total Number of Children 0 through 4 years in Ohio Served 1982-1983 | Percentage of Children 0 through 4 Years Served |
|---|---|---|---|---|---|
| Urban | 8 | 156 | 379,844 | 50,432 | 13.3% |
| Semi-Urban | 22 | 72 | 193,527 | 18,537 | 9.6% |
| Rural | 58 | 135 | 214,629 | 16,550 | 7.7% |
| STATEWIDE TOTAL | 88 | 363 | 788,000 | 86,519 | 10.9% |

Table 3

Number of Handicapped Children 0 through 4 Years in Ohio Served by Early Intervention Programs by Age and Geographical Region

| Geographical Region | Number of Children 0 through 2 Years | Number of Handicapped Children 0 through 2 Years Served 1982-1983 | Percentage of 0 through 2 Year Old Handicapped Children Served | Number of Children Age 3 & 4 Years | Number of Handicapped Children Age 3 and 4 Years Served 1982-1983 | Percentage of 3 and 4 Year Old Handicapped Children Served |
|---|---|---|---|---|---|---|
| Urban | 233,827 | 6,559 | 2.8% | 145,517 | 7,397 | 5.1% |
| Semi-Urban | 117,317 | 1,002 | 0.9% | 75,990 | 2,651 | 3.1% |
| Rural | 130,863 | 625 | 0.5% | 83,366 | 2,052 | 2.5% |
| TOTAL | 483,007 | 8,186 | 1.7% | 304,993 | 12,100 | 4.0% |

Table 4

Number of "At Risk" Children 0 through 4 Years in Ohio Served by Early Intervention Programs by Age and Geographical Region

| Geographical Region | Number of Children 0 through 2 Years | Number of "At Risk" Children 0 through 2 Years Served 1982-1983 | Percentage of 0 through 2 Years "At Risk" Served | Number of Children 3 and 4 Years | Number of "At Risk" 3 and 4 Year Old Children Served 1982-1983 | Percentage of 3 and 4 Year Old "At Risk" Children Service |
|---|---|---|---|---|---|---|
| Urban | 233,827 | 12,277 | 5.7% | 145,517 | 11,814 | 8.1% |
| Semi-Urban | 117,317 | 1,615 | 1.4% | 75,990 | 3,772 | 5.0% |
| Rural | 130,863 | 1,838 | 1.4% | 83,366 | 7,352 | 8.8% |
| TOTAL | 483,007 | 15,680 | 3.3% | 304,993 | 22,938 | 21.9% |

Table 5

Percent of Programs Providing Specific Services for Children

| Services to Children 0-4 | Percent of Programs Providing (%) |
|---|---|
| **Primary Services** | |
| Classes | 74 |
| Comprehensive Assessment | 76 |
| Speech Therapy | 63 |
| Hearing Screening | 67 |
| Occupational Therapy | 34 |
| Physical Therapy | 37 |
| Medical Services | 49 |
| Home Health Care | 17 |
| Vision Screening | 46 |
| Other Services | 47 |
| **Ancillary Services** | |
| Child Find | 61 |
| Transprtation | 67 |
| Child Care | 34 |
| Advocacy | 46 |
| Meals | 51 |

Table 6

Frequency of Provision of Services to Parents

| Services for Parents | Percent of Programs Providing Service |
|---|---|
| Provide some services to Parents | 97% |
| Classes | 60% |
| Home Visists | 68% |
| Counseling | 95% |
| Medical Advice About Child | 62% |
| Respite Care | 12% |
| Support Groups for Parents | 64% |
| Inclusion of Parental Input into Treatment | 97% |
| Other Services | 49% |

Table 7

Funding for Early Intervention in Ohio
1982 and 1983

| | 1982 | | Expected 1983 | | |
|---|---|---|---|---|---|
| Funding Source | Total | % of Total | Total | % of Total | Percent Change |
| Federal | $25,157,635 | 32% | $25,500,274 | 31% | - 1% |
| State | 5,822,366 | 7% | 5,889,369 | 7% | + 1% |
| County | 33,156,464 | 42% | 37,253,173 | 45% | +12% |
| City and Local | 1,928,822 | 2% | 1,681,044 | 2% | -13% |
| Foundations | 575,464 | 1% | 524,666 | 1% | - 9% |
| Associations | 2,813,450 | 4% | 3,145,658 | 4% | -12% |
| Community Service Orgs | 552,630 | 1% | 510,263 | 1% | - 8% |
| Client Fees & Charges | 2,556,044 | 3% | 2,773,908 | 3% | + 8% |
| Contributions/Bequests | 884,441 | 1% | 842,699 | 1% | - 5% |
| Parent Agency | 4,116,124 | 5% | 4,299,250 | 5% | + 3% |
| Other | 770,375 | 1% | 802,234 | 1% | + 4% |
| TOTAL | $87,220,385 | | $93,121,684 | | |